

# **Bureau of Insurance Consumer Health Care Division Annual Report to the Legislature for the Year 2002**

**January 10, 2003**



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Governor

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## I. Overview

This report is being issued pursuant to 24-A M.R.S.A. C. §4321(J). The Consumer Health Care Division (CHCD) is one of several work units in the Maine Bureau of Insurance (the Bureau), which is within the Department of Professional and Financial Regulation (PFR). The CHCD, now in its fourth year of operation, focuses its efforts on consumer assistance, outreach, and oversight of insurer compliance with statutory and regulatory issues important to Maine consumers.

The Division is responsible for the following activities:

- Review and approval of health insurance forms,
- Investigation and resolution of consumer health insurance complaints,
- Approval of the licenses of Medical Utilization Review Entities,
- Review and approval of long-term care insurance forms,
- Oversight of the Bureau's external review process,
- Drafting and review of health insurance rules,
- Bringing enforcement actions against carriers when violations occur,
- Review of managed care plans for compliance with provider network adequacy measures,
- Approval of the licenses for Preferred Provider Arrangements,
- Developing outreach and educational materials,
- Drafting reports on issues involving health policy,
- Participating as a survey team member of the Interagency Task Force for the Quality Oversight of Commercial Health Maintenance Organizations (HMOs),
- Tracking, trending, and analyzing data,
- Answering consumer telephone inquiries through the toll-free Consumer Assistance Hotline,
- Entering consumer complaint data into the complaint database for trending purposes,
- Review of complex complaints that include determinations of medically necessary care and complex health questions,
- Conducting outreach to a variety of groups,
- Providing information to consumers regarding health care plan options and obtaining health care coverage and services, and
- Assisting health plan enrollees in understanding their rights and responsibilities.

# I. Accomplishments

## A. Consumer Assistance

- **Inquiries**

CHCD staff responded to 7,222 telephone inquiries during 2002, compared to 6,824 in 2001. The most frequent inquiries related to:

- Medicare Supplement insurance
- Individual insurance
- Claim denials
- The high cost of health insurance (these calls became more frequent as the year progressed).

The CHCD staff also responded to requests for consumer assistance from state and federal legislative officials who had been contacted by constituents. Like the phone inquiries, these requests for assistance on behalf of constituents encompass a wide range of health insurance related issues.

*"This is very good information. Thank you very much for your response to my inquiry."*  
...Consumer

Staff members are able to immediately assist consumers with inquiries by providing verbal information, referring callers to the Bureau's web site ([www.MaineInsuranceReg.org](http://www.MaineInsuranceReg.org)), and/or mailing issue-related brochures.

For issues not within the Bureau's jurisdiction, CHCD staff refers consumers to the appropriate agencies, such as the Maine Department of Human Services (regarding MaineCare or elder issues, for example) and the U.S. Department of Labor (regarding such federal laws as ERISA, COBRA or HIPAA).

*"Thank you, I appreciate the info and sources. "* ...Consumer

- **Complaints**

During 2002, the CHCD responded to 724 written health insurance complaints filed by health plan enrollees, policyholders, insurance producers, and health care providers. This compares to 710 written complaints in the prior year. The complaints concerned health insurance carriers, utilization review entities, and third party administrators. Enrollee and policyholder complaints most often concern a denial of a claim or a service.

Complaint investigation is time consuming, as issues related to health care and insurance coverage are often complex. The timeframes for the exchange of information between the carriers and Bureau staff can result in several months of staff involvement before a consumer complaint is resolved. Emergencies are dealt with immediately and more routine complaints are handled in short order.

*"Thank you for the information and for taking the time to help me. The information sent was very useful. Thanks again."* ...Consumer

It is not uncommon for consumers to request immediate Bureau intervention when carriers deny services perceived as urgent by consumers and their providers. These situations generally occur when

a surgical procedure or an inpatient stay has been denied by a carrier or health plan. Bureau staff members have been able to resolve some of those situations immediately, if it is evident the carrier's denial is flawed or based on specific requirements contained either in the consumer's insurance contract or in Maine law. CHCD staff was instrumental in assisting with the recovery of \$910,490 for enrollees and policyholders in 2002, compared to \$890,507 in 2001. Most often, the recovered funds are from previously denied claims.

*"Mr. Roberts, I want to thank you for the outstanding work that you did on my insurance problem. It was a truly a professional job! You did in several weeks, what (carrier) couldn't correct in year and half. Thanks again."*  
...Consumer

Frequently the staff is able to assist consumers in achieving their desired results, however, there are instances where the Bureau is unable to assist the enrollee or policyholders to their satisfaction. There are also instances when Bureau staff also must explain the basis and/or rationale for the carrier's decision to enrollees. Generally, these cases include situations where the carrier is appropriately administering contract exclusions or the plan is exempt from state regulation due to federal law. Even in those situations where federal law takes precedent, staff takes the opportunity for consumer education regarding insurance law, their rights and responsibilities, and the terms of their coverage. They also refer those consumers to the U.S. Department of Labor or other agencies, as appropriate.

The CHCD staff were key participants in the development of a new Bureau of Insurance complaint database. The resulting complaint database is used for all areas of insurance and produces meaningful management reports and statistics.

*"Thank you so much, Patty. You and your agency have done so much for me. I am so appreciative. A nice holiday to you also."*  
...Consumer

The CHCD staff works proactively with the insurance carriers to identify trends in consumer complaints in order to remedy the problems before they result in violations of the insurance code. However, the Superintendent entered into four consent agreements and issued one letter of reprimand in 2002, all stemming from consumer complaints received and investigated by CHCD. The consent agreements were issued for: failure to meet the obligations of an HMO to coordinate the referral process and to provide consumers with notification of the referral and all relevant information; denial of a Medicare Supplement application when that applicant was entitled to guaranteed issue of a Medicare Supplement policy; failure to provide a timely substantive response to the Bureau in connection with a consumer complaint; and failure to pay for routine newborn care. The letter of reprimand addressed violations of Rule 275, which provides that when a consumer who has a Medicare Supplement policy becomes eligible for Medicaid, the carrier must permit the consumer to suspend the policy and must offer to reinstate the Medicare Supplement policy when Medicaid eligibility ends. The consent agreements and the letter of reprimand are available on the Bureau of Insurance webpage ([www.MaineInsuranceReg.org](http://www.MaineInsuranceReg.org)).

*"Mr. McGonigle, I appreciate your efforts to assist us in settling the outstanding bill with (carrier). We did receive payment from (carrier) in response to the complaint I sent to your office. Please accept my sincere thanks for assisting us in resolving this claim."*  
...Consumer

*"Dear Mike, Thank you for your successful efforts to get (carrier) to cover our daughter's treatment through the (program) last summer. We were amazed and pleased to receive the 90% reimbursement plus interest, due to your diligent pursuit of this matter."*

*Over the months that you worked on this, we were continuously impressed with your professional manner, thoroughness and tenacious attention to this case on our behalf. We are grateful to have such excellent support from the Bureau of Insurance in ensuring that the insurance company finally, did the right thing." ... Consumer*

In the CHCD's analysis of the consumer complaints and inquiries, two findings emerge:

- The single greatest issue that prompts Maine residents to contact the Consumer Health Care Division is finding affordable health insurance coverage;
  - Many residents who contact the Division are confused about their benefits, and the rules that they must follow to receive the maximum benefits of their coverage.
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- **Outreach and Education**

Division staff participated in several public speaking events this year, including;

- American Association of Healthcare Administrative Management;
- Maine Alliance of Health Underwriters;
- Billing Subcommittee of the Maine Hospital Association;
- Healthcare Financial Management Association;
- Insurance Women of Downeast Maine;
- Bath Senior Citizens Center workshop;
- Emergency Mental Health Care Providers;
- Hall-Dale High School;
- Rural Health Conference on Affordability and Accessibility of Health Insurance; and
- Health Insurance Partnership (National Panel).

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*"Thank you Mr. Griswold...it was very kind of you to respond to my note.  
All the best."...Consumer*

One of the objectives of the CHCD is to educate consumers about how to advocate for themselves so that they are more comfortable with the system and are aware of their rights. The CHCD also continues to encourage communication between carriers and providers during presentations to these groups.

Division staff provide information to consumers by developing written educational materials, both for the website and hard-copy distribution. These materials, found in the Appendix to this report, include:

- "A Consumer's Guide to Health Insurers Doing Business in Maine" ([http://www.state.me.us/pfr/ins/healthcare\\_report\\_card\\_2001.htm](http://www.state.me.us/pfr/ins/healthcare_report_card_2001.htm)), with much more detail than past versions;
- "How Your Health Insurance Dollar Is Spent," a brochure explaining of the cost drivers of insurance premiums ([http://www.state.me.us/pfr/ins/Health\\_Insurance\\_Dollar.htm](http://www.state.me.us/pfr/ins/Health_Insurance_Dollar.htm));
- "Guide to Requesting an Independent External Review When Your Health Insurance Company or HMO Denies Benefits for Health Care Services," an updated explanation of the external review process ([http://www.state.me.us/pfr/ins/external\\_review.htm](http://www.state.me.us/pfr/ins/external_review.htm));
- "Maine Tax Qualified Long Term Care Insurance Policies," an explanation of Maine tax qualified

long-term care insurance policies (Internet only) ([http://www.state.me.us/pfr/ins/ltc\\_tax\\_qualified.htm](http://www.state.me.us/pfr/ins/ltc_tax_qualified.htm)) and a list of certified tax qualified policies (<http://www.state.me.us/pfr/ins/lctax2002.htm>);

- “Maine Insurance Update.” the Bureau’s quarterly newsletter, which contains articles on Maine tax qualified long-term care insurance policies (<http://www.state.me.us/pfr/ins/Fall2002newsletter.htm>) and on the increase in fraudulent health insurance companies (<http://www.state.me.us/pfr/ins/nletsummer2002.htm>); and
- Frequently Asked Questions ([http://www.state.me.us/pfr/ins/ins\\_faq.htm](http://www.state.me.us/pfr/ins/ins_faq.htm)) and Glossary sections of the Bureau’s website, which have been updated to comply with statutory changes and reflect the types of inquiries received through the Consumer Assistance Hotline.

*“I just wanted to take this time to say thank you for all of your help in the matter of myself and the (carrier). I received word from (provider) that the matter has been resolved. Again, I thank you. Its comforting to know that help is out there.”  
Sincerely... Consumer*

Finally, the Division promotes coordination with other organizations that assist consumers, including the Maine Department of Human Services, the Maine Health Data Organization and the Maine Advisory Council on the Education of Children with Disabilities.

## **B. External Review**

Maine consumers have the right to request an external review when a health insurance carrier or HMO denies benefits for health care services. The law gives consumers the right to request an external review of certain kinds of health care treatment denials, including denials based on issues of medical necessity.

This year the Bureau initiated a bidding process to contract with accredited independent external review organizations (IRO's). The Bureau during 2002 has worked with two independent external review organizations, The Center for Health Dispute Resolution, and IPRO.

The Bureau received fifty three requests for external review that qualified under the statute. Thirty of the cases referred to external review upheld the carrier’s initial determination. Nine cases resulted in the carrier’s decision being reversed. In twelve cases, the carrier reversed its decision before the external review hearing. In two cases, the enrollees withdrew their requests for external review.

CHCD received seven requests for external review that did not qualify under the statute, either because the consumer had not exhausted both levels of the insurance carrier’s internal appeal process or because the denials were based on contractual issues rather than medical issues.

The Bureau estimates it will continue to receive between 40 and 50 requests for external review annually. The Consumer Health Care Division has prepared an informational brochure called *Guide to Requesting an Independent External Review*, which is available on the Bureau’s web site under *Consumer Info*.

*“Your assistance and understanding are greatly appreciated in helping to resolve this matter. ....It was heartening to know you were there for me.”  
Respectfully, ...Consumer*



## C. Licensing Activity

Currently, there are 72 Medical Utilization Review Entities (UREs) licensed in Maine including new entities that were initially licensed in 2002. Applicants must certify compliance with Maine's UR requirements and licenses are issued based on the company's representation of compliance with all applicable standards. A list of Maine licensed UREs can be found on the Bureau's web site under *Licensing/Registration*.

The CHCD policy development specialist reviews and registers preferred provider arrangements. In addition to the 19 preferred provider arrangements already registered, five new preferred provider arrangements were registered in 2002. Preferred provider arrangements are reviewed for compliance with accessibility, utilization review, grievance and appeal, contractual, provider compensation, consumer notification, and emergency access requirements under Maine law. A list of Maine licensed preferred provider arrangements can be found on the Bureau's web site under *Producer/Entity Information*.

The CHCD staff reviews HMO provider networks to determine if they comply with the accessibility standards set forth in statute and regulation. HMO applications to expand the geographic service area are also reviewed by CHCD staff to determine if an adequate network of providers is available to render medical services to enrollees. The staff is often involved in discussions when contractual relationships between the insurance carrier and the provider community dissolve, creating the possibility that enrollees may not have access to a participating provider. Members of CHCD staff monitor the situation to assure that enrollees are provided adequate notice and opportunity to find alternative providers and to make sure that continuity of care for enrollees currently receiving medical services is addressed by the carrier.

*"I am writing to inform you that we received payment from (carrier) regarding the claims that were outstanding from July 2001. Thank you for your help. It was greatly appreciated." ... Consumer*

## D. HMO Quality Oversight

Maine's Insurance Code assigns regulatory oversight of commercial HMOs operating in Maine to the Department of Professional and Financial Regulation, Bureau of Insurance, and to the Department of Human Services (DHS). In August 1998, the Departments signed a memorandum of understanding to "clarify their respective areas of responsibility, identify overlapping responsibilities, and establish a cooperative, non-duplicative and efficient regulatory framework for the oversight of commercial HMOs in Maine...." The Inter-Agency Task Force (IATF) for HMO Quality was established by PFR and DHS to perform joint agency functions as required by the memorandum of understanding.

Each year, the Maine HMOs that are to be examined are notified by the IATF chair that, pursuant to 24-A M.R.S.A. § 4215, BOI and DHS will conduct a coordinated, on-site state exam on the quality of health care and customer services. In the interest of minimizing duplication of time and resources, the state examinations are coordinated with each HMO's triennial National Committee for Quality Assurance (NCQA) accreditation review cycle. (Although participation in NCQA's accreditation and certification programs is voluntary, more than half the nation's HMOs, including the HMOs currently operating in Maine, currently participate.)



The CHCD Director chairs the IATF. A four-member state exam team, under the direction of the IATF, conducts the on-site state exams. In 2002, the state exam team consisted of:

- Ellen Austin-Reichtal, R.N., Bureau of Medical Services, Department of Human Services (DHS)
- Margaret Ross, R.N., former Director of DHS's Surveillance Utilization Review Services
- Joanne Rawlings-Sekunda, M.P.P., Policy Development Specialist, Bureau of Insurance
- Ruth Martin, M.B.A., M.P.H., Independent consultant for NCQA

The state exam team conducts the HMO examination using a two-part process.

- First, the team observes the on-site NCQA accreditation review. Once the IATF receives a copy of the HMO's NCQA accreditation report (usually several months later), it uses the NCQA's findings to credit the HMO for compliance with any state standards that are equivalent to the NCQA standards.
- Second, the team returns to the HMO to assess the HMO's compliance with state-specific standards not covered by NCQA. It then develops a report of its findings.

In 2002, the IATF conducted quality review activities related to three of Maine's HMOs:

- ***CIGNA HealthCare of Maine, Inc.*** Cigna's, NCQA survey had been completed in 2001. Upon receiving the NCQA final report the state exam team analyzed the information to determine if specific portions of the NCQA examination could be deemed acceptable, in order to avoid re-examination of specific areas by the state exam team. In March, the state exam team examined CIGNA, targeting the specific areas in Maine statutes and regulations not covered by the NCQA review. A report was prepared in March and submitted to CIGNA for its review and comment. In July, the IATF Chair and a member of the state review team met with CIGNA to develop an action plan to deal with the deficiencies identified by the review and in August 2002, the quality report was completed.
- ***Anthem Health Plans of Maine, Inc. and Maine Partners Health Plan, Inc.*** In April, Anthem Health Plans of Maine, Inc. and Maine Partners Health Plan, Inc. participated in the three-day re-accreditation survey by a NCQA team, which was monitored by the state examination team. Upon receiving the NCQA final report, the state exam team analyzed the information from NCQA to determine if specific portions of the state examination could be deemed acceptable, to avoid re-examination of specific areas by the state exam team. In November, the state exam team examined both plans, targeting the specific areas in Maine statutes and regulations not covered by the NCQA review. A draft report is currently being prepared.

## Advisory Committee

The Consumer Health Care Advisory Committee met twice during calendar year 2002. The committee reviews the work of the Consumer Health Care Division and made recommendations for improving outreach and the operations of the division. The membership of the Consumer Health Care Advisory Committee is as follows:

- Jane Saxl, Chair
- Senator Lloyd Lafountain
- Representative Christopher P. O'Neil
- Jeff Baker, Sabre Yachts

- Joe Ditre, Director, Consumers for Affordable Health Care
- Dr. Lani Graham
- Robert Goldman, Maine Council of Senior Citizens
- Robert Philbrook, We Who Care
- Shirley Powell
- Christine Zukas-Lessard (ex-officio)
- Anne Head (ex-officio)

### III. Legislative and Regulatory Activities

The 120<sup>th</sup> Legislature passed a number of laws which required the Consumer Health Care Division to revise the Bureau's current health insurance rules, submit reports to the Legislature, or make changes to filing procedures.

Bureau of Insurance Rule 750 (Standardized Health Plans) was amended in March, 2001. Certain changes made to the rule before final adoption and two of those changes – making inpatient hospital services subject to maximum out-of-pocket limits, and permitting copayments for inpatient hospital services on a “per admission” basis up to \$500 per admission -- appeared to pose compliance problems for regulated entities. In addition, the absence of a transition clause for several of the new plan requirements did not provide HMOs with sufficient time to bring health plans into compliance. In August of 2001, the Bureau promulgated emergency amendments to Rule 750 to address these issues. Subsequent to adopting the amendments on an emergency basis, the Bureau initiated the major substantive rulemaking process to adopt the emergency amendments on a permanent basis. Final adoption of the major substantive rule occurred in June, 2002.

P.L. 1999, Chapter 222, “*An Act to Clarify Basic Health Care Services to be offered by Maine Health Maintenance Organizations;*” P.L. 1999, Chapter 742, “*An Act to Establish a Patient's Bill of Rights;*” and P.L. 2001, Chapter 288, “*An Act to Define ‘Medically Necessary Health Care’ and Clarify its Application by Health Plans and Managed Care Plans;*” all made revisions to the *Health Plan Improvement Act* (Title 24-A M.R.S.A., Chapter 56-A) and required amendments to Bureau Rule Chapter 850 (Health Plan Accountability). In particular, the rule has been amended to apply to “all health carriers, utilization review and managed care plans.” CHCD staff completed the changes to the rule and it was finally adopted earlier this year.

P.L. 2001, Chapter 369, “*An Act to Encourage the Creation of an Alliance for the Purpose of Purchasing Health Insurance,*” made revisions to the *Preferred Provider Arrangement Act* (24-A M.R.S.A. Chapter 32) and required amendments to Bureau Rule Chapter 360 (Requirements Applicable to Preferred Provider Arrangements) to provide standards for waiver of the 20% limit on the benefit differential. These amendments, and revisions made in order to comply with amendments to the *Health Plan Improvement Act* (24-A M.R.S.A. Chapter 56-A) made by the 119<sup>th</sup> Legislature, Second Regular Session, were completed by CHCD staff and were effective on September 15, 2002.

P.L. 2001, Chapter 679, “*An Act to Reinstate Tax Deductibility of Qualified Long-term Care Insurance,*” establishes an income tax deduction for persons purchasing certified long-term care policies and requires the Bureau to certify long-term care policies, upon request, if the policy complies with the requirements for long-term care policies established under Title 24-A. CHCD staff developed a procedure for certifying non-qualified long-term care policies and notified long-term care carriers of the new law.

Resolve 2001, Chapter 56, “*A Study of the Implications of Including Pharmacists as ‘Health Care Practitioners’ under the Maine Health Security Act and the Feasibility, Cost and Implications of Establishing a Standardized Pharmaceutical Benefits Identification Card,*” directed the Bureau to develop and submit these studies to the Legislature. The Bureau reported the results of the studies to the Joint Standing Committee on Health and Human Services on January 1, 2002. The Committee held a briefing on the standardized pharmaceutical benefits identification card study in March. In April, the Joint Standing Committees on Health and Human Services and on Banking and Insurance asked the Bureau to convene the interested parties to reach consensus on identification card standards. The Bureau convened three meetings with health carriers, pharmacists, and other interested parties. As a result of these meetings, the interested parties agreed to group the information needed to process pharmacy claims together on the member identification card. This agreement was memorialized, without the need for statute or regulation, in a Memorandum of Understanding signed by all parties that participated in these meetings. The Bureau has prepared a report on the outcome of these meetings and the report will be submitted to the First Regular Session of the 121<sup>st</sup> Legislature.

Additionally, two laws that were enacted during the First Regular Session of the 120<sup>th</sup> Legislature and became effective January 1, 2002, also impact the work of the CHCD:

- P.L. 2001, Chapter 408, “*An Act Concerning Patient Access to Eye Care Providers.*” This law requires health plans that provide coverage for eye care services through participating eye care professionals to allow enrollees to self-refer for a maximum of two visits for each occurrence requiring eye care services from an eye care provider who participates in the insurer's health plans. Eye care services are defined as those urgent health care services related to the examination, diagnosis, treatment, and management of conditions, illnesses and diseases of the eye that if not treated within 24 hours present a serious risk of harm.
- P.L. 2001, Chapter 423, “*An Act to Provide Health Insurance Coverage for General Anesthesia and Associated Facility Charges for Dental Procedures for Certain Vulnerable Persons.*” This law requires individual and group policies issued or renewed on or after January 1, 2002, to include coverage for general anesthesia and associated facility charges for dental procedures given in a hospital for certain eligible enrollees, including persons with developmental disabilities and persons whose health is compromised and for whom general anesthesia is medically necessary. The legislation does not require coverage of the professional fee of the dentist or other charges for the dental procedure itself. The law further provides that for the required benefits, coverage under a dental insurance policy is primary and health insurance coverage is secondary.

Finally, two bills passed in 2002 during the Second Regular Session of the 120<sup>th</sup> Legislature have generated a particularly high level of interest among small business owners concerned with the cost health insurance. CHCD has received a significant number of inquiries related to these laws:

- P.L. 2001, Chapter 677, “*An Act to Address the Health Coverage Crisis for Maine's Small Businesses and Self-employed Persons.*” This legislation created the Maine Small Business Health Coverage Plan. This Plan is intended to provide comprehensive health care coverage at affordable prices to small employers, including self-employed individuals, their employees and dependents. Its governing Board will develop a business plan, issue a request for proposals from qualified bidders to provide health care coverage to Plan enrollees, and award a bid. The Board will coordinate with MaineCare to maximize the use of federal Medicaid funds; MaineCare must

bid on the request for proposals and administer the Plan if selected. Coverage is to be available by 2004.

- P.L. 2001, Chapter 708, “*An Act to Establish the Maine Consumer Choice Health Plan.*” The Maine Consumer Choice Health Plan is established as an independent executive agency to negotiate and contract with carriers to provide a board-authorized choice of health benefits coverage to eligible enrollees, including small employers, government employers, individuals, and, possibly, large employers. By 2006, its Board shall initiate a request for proposal process seeking bids from qualified nonprofit organizations for the administrative and financial responsibility of the Plan, which will include fee-for-service, HMO, and point-of-service options.

## IV. Analysis<sup>1</sup>

The CHCD uses the knowledge gained in its work, including reviews of consumer complaints and inquiries, to identify complaint patterns and carrier-specific complaint trends. When the Division identifies complaint trends, they are brought to the attention of the carriers through both formal and informal communications. Staff works to provide information and educational materials to consumers and works with carriers in resolving problems.

Each carrier has its own unique referral and authorization systems, and requires members and/or providers to obtain the carrier's approval before certain services are reimbursed. Although these systems are not designed to be onerous, the CHCD works with carriers, providers, and consumers to find ways to simplify the processes and improve awareness.

The rural nature of Maine can present special challenges. Commercial carriers have difficulty contracting with mental health providers because of the limited number of psychiatrists, pediatric and adolescent psychiatrists, and acute care mental health facilities in Maine. Some of the current acute care facilities are unable to meet the need of the more challenging persons with behavioral problems. The CHCD staff continually monitors compliance with accessibility standards and works with carriers to ensure that consumers can access the care they need.

Finally, as is the case across the country, health insurance costs in Maine continue to climb. These costs are driven by a number of interrelated factors, which makes dealing with the problem extremely complicated. Hospital care accounts for about 40% of these costs; services provided by doctors or other health care professionals account for another 30%. Prescription drugs only account for about 12%, but are rising rapidly. Other costs include: more expensive medical technologies, administrative services by insurance companies, and privately insured people subsidizing underpayments by Medicare and Medicaid.

If you are interested in additional details in this report or have questions you are encouraged to contact the Consumer Health Care Division in the Maine Bureau of Insurance by calling toll free 800-300-5000.

*“Please find enclosed a bill from (provider) that per our conversation has been paid. Again, thank you for all your help. I feel much better today! Thank You!” Consumer*

<sup>1</sup> PL 1997, c. 792 §G (2) charges the Consumer Health Care Division with “identifying practices and policies that may affect access to quality health care, including, but not limited to, practices relating to marketing of health care plans and accessibility of services and resources for under-served areas and vulnerable populations...”

# Appendices

[A Consumer's Guide to Health Insurers Doing Business in Maine](#)

[How Your Health Insurance Dollar Is Spent](#)

[Guide to Requesting an Independent External Review When Your Health Insurance Carrier Denies Benefits for Health Care Services](#)

[Maine Tax Qualified Long Term Care Insurance Policies: Starting with Tax Year 2002: New Tax Certification Program For Deducting Long Term Care Insurance Premiums on Maine Income Tax Returns](#)

[Long Term Care Policies Certified for Income Tax Incentives in Tax Years Beginning Jan. 1, 2002: Applicable to Forms Approved by Bureau of Insurance after January 1, 2000 \(24-A MRSA § 5075-A\)](#)

[New Tax Certification Program For Deducting Long Term Care Insurance Premiums on Maine Income Tax Returns](#)

[Beware of Unlicensed Health and Medicare Supplement Insurers \(Newsletter article\)](#)

[Frequently Asked Questions: Health](#)